Approved – 09/12/13

ILHIE Authority Advisory Committee
Meeting Minutes
April 30, 2013

Attendance

Year 1 Appointees		
Name	**Organization**	**Location**
Julie Bonello	Access Community Health Network	Telephone
Phil Burgess	Philip Burgess Consulting, LLC	Chicago
Kelly Carter	Illinois Primary Health Care Association	Telephone
Carla Evans	UIC School of Dentistry; U IL Medical Center	Chicago
Roger Holloway	Northern Illinois University/IL-HITREC	Telephone
Peter Ingram	Sinai Health System	Telephone
Stan Krok	Ann & Robert H. Lurie Children's Hospital	Chicago
Marvin Lindsey	Community Behavioral Healthcare Association of Illinois	Chicago
Patricia Merryweather	Telligen	Chicago
David Stumpf	Professor Emeritus, Northwestern University, Woodstock Health Information & Technology	Telephone

Year 2 Appointees		
Name	**Organization**	**Location**
Richard Baer	Performant Financial Corporation	Telephone
Elissa Bassler		
Danielle Byron	Community Counseling Centers of Chicago	Chicago
Gerald DeLoss	Private Practice	Chicago
Lawrence Kosinski	Illinois Gastroenterology Group	Chicago
John Lewis	Northern Illinois University/Illinois Health Information Technology Regional Extension Center	Telephone
Gene Rogers		Telephone
Lori Williams	Illinois Hospital Association	Telephone

State of Illinois Employees		
Name	**Organization**	**Location**
Laura Zaremba, Mary McGinnis, Cory Verblen, Ivan Handler, Krysta Heaney, Dia Cirillo, Danny Kopelson	Office of Health Information Technology (OHIT)	Chicago

I. Roll Call and Introductions

Raul Recarey opened the meeting of the Advisory Committee ("Committee") of the Illinois Health Information Exchange Authority on April 30, 2013 at 1:00 pm, hosted at the State of Illinois J.R. Thompson Center in Chicago, with a telephone conference call-in number and video connectivity with the Prescott Bloom Building, Directors Room 3rd Floor, Springfield Illinois. It was noted that notice of the meeting and the agenda were posted on the OHIT website and at the Chicago meeting location no later than 48 hours prior to the meeting. Roll was taken, and the ability of those attending by telephone to hear and participate was confirmed. Stan Krok the Committee Co-chair, welcomed the Committee members and members of the general public, who would be welcome to address the Committee during the Public Comments portion of the Agenda at the conclusion of the meeting.

II. Approval of Minutes

The minutes of the meeting of the Committee of January, 7, 2013 were approved.

III. ILHIE Update

Raul Recarey provided the ILHIE update.

Types of Services offered by ILHIE:

1. **Web based direct messaging system**: allows providers to connect with each other in a secure environment – HIPAA approved application, no EHR required
2. **Enterprise Direct:** development of incorporating direct messaging into an existing electronic health record system. Providers have a single sign on compatibility and don't have to go outside to a browser to send a direct message. Currently most popular type of solution. If you have a partner who does not use EMR, web based direct is able to communicate with Enterprise direct and vice versa.
3. **Bi-directional connection to the HIE**: allows organizations to configure systems automatically for reporting purposed , query through federated network (ILHIE) and as

we expand and add providers to the network, it will become much richer source of aggregated data for providers

4. **Connectivity to the Public Health Node**: Hospitals now have a simple mechanism that allows them to connect to the Health node through ILHIE.

A discussion was had about the number of agreements required to onboard to the Public Health Node and whether a Business Associate Agreement was still necessary. Mr. Recarey advised the Authority and OHIT are still working through those issues. There is a contracting mechanism in place, but right now it's not aggregated and the issue with Business Associates is still being investigated. Mary McGinnis further advised that progress has been made in the discussions and it is hoped that one or more of the multiple documents could be eliminated. It is expected that the Business Associate Agreement can be eliminated.

Mr. Recarey also provided an update on the MPI. The ILHIE MPI has gotten stronger and is now over 3 million records and it will continue to grow over time. Every time someone onboards to the ILHIE, there will be an initial input of data on patient names and that organization. There are also provider directories available on Direct. As far as bi-directional connectivity, where to host the provider directory is still being reviewed. If a participant signs up with a third HISP, because the ILHIE is part of Directtrust.org, ILHIE Direct will be able to communicate with any other HISP vendor that's part of the Directtrust.org certificate authority group. The Authority and OHIT will actively work to resolve any certificate issues. ILHIE direct does have a phone book incorporated into its application, which also includes Missouri Direct participants. This will include Direct addresses not email addresses.

Cory Verblen advised that utilization of Direct is increasing, and Direct is getting more active users all the time. Since January there have been over 17,000 transactions. There are now over eighteen hundred mailboxes now. The MPI is not linked to ILHIE Direct at this time. It is hoped it will link in the future.

The initial group of patients in the MPI came from Medicaid, approx. 3.1 million names. That's being augmented by the different groups that are now signing up for Bi-Directional connectivity with the ILHIE. It was requested that an update as to how patient matching occurs. Mr. Recarey explained that there is an initial volume of work that needs to happen when the initial group is put into the data base. It is a manual process, not a simple automatic process. The good news is that only happens one time, and the future work is going to be done by MPI reconciliation groups. The estimated staff for this work is 3 full time equivalents. The tech team can put a description of this together and send it out to everyone. Dr. Stumpf noted that there is a national ASTM standard for Patient Identifiers, which could be adopted. Even though it is not publicly used, it could be used internally, so the Authority does not have to backfill it with something else later on.

IV. Legislative Update

Mark Chudzinski was unable to attend the meeting because the Mental Health and Disabilities Act amendment is being heard in Committee today. There have been some changes to that bill. The Authority and OHIT have been working closely with Illinois Hospital Association and different Regional Exchanges on the amendment. Overall it is expected to pass. There was a meeting today to discuss the amendment recommended by IHA. The Amendment grandfathers in the other HIEs into this bill. The big question was around the definition of "What is an HIE", they went back and forth on that, and they came to an agreement today. The amendment was submitted and it is supposed to be brought up in Committee today. There are four other opponents of the bill: The ACLU, Medical Legal Clinic, and Equip for Equality and Access Living. Their issue was around technology and being able to segment the data for Behavioral Health Care. Basically that does not exist, so they met with the bill sponsor, Senator Steans, yesterday, and she will go forward with the bill after hearing their argument.

V. Use Case Discussion

- **a. Telehealth Use Case**
- **b. Lab Results Delivery via Direct Use Case**
- **c. Long Term Care Use Case**

Stan Krok advised on the use case discussions. One of our discussions at the last meeting was, as the infrastructure ILHIEA is being put in place, the next step is to find use cases to take advantage of that infrastructure. The challenge the Authority put out at the last meeting was to come forward with some use cases. Three came up at the last meeting. The idea is the next couple of months, to have several use cases become pilot projects, so the Authority can start improving the value of ILHIE. The ability to communicate and get everyone on board, with critical case/neurological case will require more hand holding as the patient progresses, so the idea of transfer of info in real time so it could be monitored, would be ideal. The question was asked about whether there would be payment to the ILHIE for transferring that information. Mr. Recarey advised that currently the Authority is trying to simply demonstrate the service is capable, and this would be a part of whatever subscription fee an organization would pay for connectivity. It would not be a separate cost, aside from potential third party vendors that might need to come into play for this. Mr. Krock also noted that the commodity side of this is the infrastructure, not the service.

Ivan Handler noted that, in his opinion, use cases are a two-step process: First is the scoping project: Long term care, Pharmacy, and third would be Lab results. It would be nice to figure out how many use cases are we thinking about? Step two; involves a resource to start documenting use cases in details. What will have the most value, least value, easiest to implement, hardest. Then pick a couple and decide how to pilot them. One step at a time approach will help move it forward, rather than trying to do them all at once. Mr. Handler willing to help with the scoping

process. Dr. Stumpf suggested there is a need for group who will help take it to the next level. Mr. Krok requested that the persons who had suggested use cases to provide the names of people who could participate in any of these use cases, then the Authority can facilitate discussion in how this use case should look and hopefully bring this back to the next meeting for discussion and vetting through the whole group.

It was mentioned that the long term care scenario includes care coordination with hospitals, nursing homes, home health agencies, dialyses centers, hospices, etc. Over thirty organizations participated in meetings and came up with a form. Then it was tested out and found that hospitals said some of the critical components for long term care were not in their records. Mr. Verblen noted that the Authority is interested in using Direct for that.

Mr. Krok noted that this conversation is the perfect example of what the Authority is trying to facilitate here: bringing together providers of various organizations who have the clinical ideas and knowledge with technology, and trying to put it together in a deliverable project in pilots. There seem to be two cases that the Authority can move forward, and hopefully several more can be found.

In a discussion of work on the on BMI Surveillance use case, the question was asked about whether the capacity to exchange data was limited an attachment to an email and whether the HIE will be able to take data out of the medical record, versus mailing in a paper copy. Mr. Handler advised that the Authority's basic process allows the Authority to aggregate clinical records. In theory, you could do a query; get an aggregate record, then have an extraction service pull out the things you are interested in. The goal is to move the image, not the direct email. That's why it isn't going to come easy, it will take some work and effort, but it is exactly the project the Authority is looking for.

A question was asked about how long the vetting process is for agencies join the ILHIE. Mr. Verblen advised that for ILHIE Direct the process is about two business days once you enroll online and submit paperwork.

VI. Public Comment

No public comments in Chicago or Springfield**.**

VII. Next Meeting

To be determined

VIII. Meeting Adjourned 1:56 PM

Minutes submitted by
Alice Richter, Office of Health Information Technology
Reviewed and Modified by Kerri McBride